

## CUNYfirst P-Card, T-Card & NET Card User Access Request Form - PRODUCTION

Please Note: This is a required form to gain access to the PeopleSoft system, and must be requested by the employee's manager. No employee may request access for themselves. For transferring employees, a separate form must be completed from the Campus and/or Department transferring FROM and TO in order to modify access in both areas. This request must be made in advance of the Effective Date of the personnel action.

**Security is granted by Business Unit.**

<b>EMPLOYEE INFORMATION SECTION:</b>		
Last Name: _____	First Name: _____	
CUNYfirst Emp ID *: _____	Job Title: _____	
Business Unit / Campus: _____	Department Name: _____	
Work Phone: _____	Ext: _____	CUNY email address: _____
<b>CONFIDENTIALITY STATEMENT (Must be signed by the Employee):</b>		
<p>I understand that the data obtained from any CUNYfirst system is to be considered confidential and NOT to be shared with anyone who is not authorized to receive such data. I understand that I am individually accountable for the use of my User ID in the CUNYfirst system. Improper use of my User ID could lead to revocation of access rights and further disciplinary proceedings in accordance with CUNY policies, rules and regulations, and applicable collective bargaining agreements.</p>		
Employee's Signature: _____		Date: _____

**Card Admin Liasons at the colleges must work with VMU to setup the card data with Citibank and in CUNYfirst via secured protocol. Card Admin Liasons must collect security access forms to setup different stakeholders for the correct role associated with a particular card function. The Card Administration function in CUNYfirst is handled by VMU.**

<b>CARD ADMIN LIASION'S SECTION (Each Employee can have Only One Role per Card)</b>		
Card Supervisor (Required only for Individually Held Cards)	Emplid/Name: _____	<input type="checkbox"/> Check if completed
Card Approver (Required for all cards)	Emplid/Name: _____	<input type="checkbox"/> Check if completed
Card Proxy (Optional)	Emplid/Name: _____	<input type="checkbox"/> Check if completed
Card Admin Liaison's Signature: _____		Date: _____

### CUNY Credit Card (P-Card, Travel Card and NET Card) Functional Roles

**ATTENTION!: This form, CRM or any electronic correspondance MUST NOT contain any credit card number or social security information.**

Individually Held Cards

Functional Role Description	Add	Remove
Card Holder		
Card Proxy		
Card Supervisor		

**Purchasing Held Cards**

Functional Role Description	Add	Remove
Card Buyer		
Card Proxy		

**Card Approver (AP)**

Functional Role Description	Add	Remove
Card Approver		

**Card Liaisons – Campus Only**

Functional Role Description	Add	Remove
Travel Card Liaisons		

**Card Administration (Central Office VMU Only)**

Functional Role Description	Add	Remove
Travel Card Administrator (VMU Only)		

**Only One Primary Permission List is required**

**Primary Permission List and Row Level Security is Required (Normal Handling)**

User's Primary Permission List & Row Level Security	
(Check ONLY ONE)	
<input type="checkbox"/> CUFSDPAPxxx	(Credit Card Only)
<input type="checkbox"/> Keep Existing	(Already a Finance user)

**Primary Permission List and Row Level Security is Required (HTR/HCS Only)**

User's Primary Permission List & Row Level Security	
(Check ONLY ONE)	
<input type="checkbox"/> CUFSDPAPHTR	(Credit Card HTR Only)
<input type="checkbox"/> CUFSDPAPHCS	(Credit Card HCS Only)
<input type="checkbox"/> CUFSDPAPHTRALL	(HTR and HCS Both)*

\*Purchasing and Payables Employees for HCS and HTR are common

**Primary Permission List and Row Level Security is Required (GRD/HON)**

User's Primary Permission List & Row Level Security	
(Check ONLY ONE)	
<input type="checkbox"/> CUFSDPAPGRD	(Credit Card for all GRD/HON)*

\*GRD does Purchasing and AP for All GRD/HON HON Business Units

**Approvals and Special Consideration**

**FOR EMPLOYEE**

Last Name:	<b>OR</b>	First Name:
Date of Security Activation:		Date of Security Deactivation:

**MANAGERIAL REQUEST**

Business unit:	Department:
Requesting Manager Last Name:	First Name:
Requesting Manager Signature:	Date:

**APPROVALS:**

*Business Manager Last Name:	First Name:
*Business Manager Signature:	Date:
**VP of Administration Last Name:	First Name:
**VP of Administration Signature:	Date:
***Central Office Controller/Deputy Last Name:	First Name:
***Central Office Controller/Deputy Signature:	Date:

**SPECIAL CONSIDERATIONS OR COMMENTS: (List additional roles required below)**


- \* Business Mgr approval is required for card holders, card proxies, card buyers and card supervisors
- \*\* Card Approvers require VP approval
- \*\*\* For Central Office employees ONLY